



PTO/SB/21 (02-04)

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Application Number	10/091,653
Filing Date	March 5, 2002
First Named Inventor	Guy, Robert C.
Art Unit	3621
Examiner Name	Pierre E. Elisca
Attorney Docket Number	020375-004900US

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**GROUP 3600**

Total Number of Pages in This Submission

1

**ENCLOSURES (Check all that apply)**

- |  |   |  |
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| <input type="checkbox"/> Fee Transmittal Form                                | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance Communication to Group                            |
| <input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences        |
| <input checked="" type="checkbox"/> Amendment/Reply                          | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Extension of Time Request                           | <input type="checkbox"/> Terminal Disclaimer  | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):            |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Request for Refund   | Return Postcard  |
| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> CD, Number of CD(s) _____                                      |  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              | Remarks   | The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.   |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application    |   |  |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |   |  |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Townsend and Townsend and Crew LLP	Reg. No. 27,565
Signature		
Date	July 9, 2004	

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Typed or printed name	Bonnie Rickles		
Signature		Date	July 9, 2004

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3621  
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PATENT  
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**GROUP 3600**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

Robert C. Guy et al.

Application No.: 10/091,653

Filed: March 5, 2002

For: **SYSTEM AND METHOD FOR  
MANAGING ACCOUNTS**

Customer No.: 20350

Confirmation No. 9166

Examiner: Pierre E. Elisca

Technology Center/Art Unit: 3621

AMENDMENT

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed May 27, 2004, please enter the following amendments and remarks:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 7 of this paper.